

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **13622**

FILED APR 20 1953		REG. DIST. NO. 73		PRIMARY REG. DIST. NO. 6291		Registrar's No. 83	
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty Rural		c. LENGTH OF STAY (In this place) 5 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty		6000	
d. FULL NAME OF HOSPITAL OR INSTITUTION RR 3				d. STREET ADDRESS (If rural, give location) RR 3			
3. NAME OF DECEASED (Type or Print) a. (First) Minnie		b. (Middle) Mason		c. (Last) Coffey		4. DATE OF DEATH (Month) (Day) (Year) April 15, 1953	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug 11, 1890	
9. AGE (In years last birthday) 62		10. UNDER 1 YEAR Months Days		11. UNDER 1 MIN. Hours Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Macon Missouri	
13a. FATHER'S NAME John Mason				13b. MOTHER'S MAIDEN NAME Jane Fensom		14. NAME OF HUSBAND OR WIFE Richard Coffey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ernest Porter, Liberty, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lunchshot wound to chest		INTERVAL BETWEEN ONSET AND DEATH					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Depressive state of mind due to long illness					
DUE TO (c) Hypertension							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E976X					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE D. P. Porter M.D. Coroner (Degree or title)				23b. ADDRESS North Kansas City, Mo.		23c. DATE SIGNED 4/15/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-17-53		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Liberty, Missouri	
DATE REC'D BY LOCAL REG. April-17-1953		REGISTRAR'S SIGNATURE Minnie Hays		5. FUNERAL DIRECTOR'S SIGNATURE John Porter		ADDRESS Liberty, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Charles F. Tyle

Licensed Embalmer No. 4534

P. O. Address Lehigh Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.